## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## RECONOMIC INTERESTS COVER PAGE

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Date Received

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2012 MAR - 1 PM 4: 47 Please type or print in ink. NAME OF FILER (FIRST) (MIDDLE) Rubio Michael J. 1. Office, Agency, or Court Agency Name California State Senate Division, Board, Department, District, if applicable Your Position Senator, 16th District ▶ If filing for multiple positions, list below or on an attachment. Position: Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) X State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of Other \_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through December 31, 2011. (Check one) -or-The period covered is \_\_\_\_\_\_, through O The period covered is January 1, 2011, through the date of leaving office. December 31, 2011. O The period covered is \_\_\_\_\_\_\_ through Assuming Office: Date assumed \_\_\_\_\_/\_\_ the date of leaving office. Candidate: Election Year \_\_\_ Office sought, if different than Part 1: \_\_\_ 4. Schedule Summary ► Total number of pages including this cover page: \_\_\_\_ Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached X Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule I certify under penalty of perjury under the laws of the State of California that t 2/29/12 Date Signed \_\_\_ Signature (month, day, year)

### **SCHEDULE B**

## Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 7	00
AIR POLITICAL PRACTICES COMMISSION	

Name

Michael J. Rubio

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200	17 152 153	2011				TIME	-13
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\* Select from drop down list

\*You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be dislclosed as follows:

Real Property Disclosure							Lender Disclosure	1			West of the second
STREET ADDRESS OR PRECISE LOCATION AND CITY	FAIR MARKET VALUE*	LIST DATE ACQUIRED OR DISPOSED (mm/dd/2011)	A or D	NATURE OF INTEREST* (if "other," describe)	IF RENTAL PROPERTY, LIST GROSS INCOME RECEIVED*	SOURCE OF RENTAL INCOME OF \$10,000 OR MORE	NAME AND ADDRESS OF LENDER* (Business Address Acceptable) AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	INTEREST RATE (%)	TERM (Mos/Yrs)	HIGHEST BALANCE*
257 Kern Street Shafter, CA 93263	\$10,001 - \$100,000			Ownership/Deed of Trust	\$0-\$499	N/A - Home was rented for only 6 months					
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PARTY CONTRACTOR OF THE PARTY						_					
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## SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	7	0	0	
FAIR POLITICAL PRACTICES COMMISSION	N		**	

Name

Michael J. Rubio

<blue> is a re</blue>	quired field	**You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal								
* Select from drop de	own list									your official status. Personal nust be disclosed as follows:
1. Income Received				100 mg (100 mg)	2. Loans Received or	Outstanding		- 84	100-010	
NAME AND ADDRESS OF SOURCE	BUSINESS ACTIVITY, IF ANY	YOUR BUSINESS POSITION	GROSS INCOME RECEIVED*	CONSIDERATION FOR WHICH INCOME WAS RECEIVED* (if "other," describe)	NAME AND ADDRESS OF LENDER** (Business Address Acceptable) AND GUARANTOR, IF ANY	BUSINESS ACTIVITY, IF ANY	HIGHEST BALANCE*	INTEREST RATE (%)	TERM (Mos/Yrs)	SECURITY FOR LOAN REAL PROPERTY ADDRESS/OTHER INFORMATION*
Clinica Sierra Vista 1430 Truxtun Ave., #400, Bakersfield,	Dental Office	Registered Dental Hygienist	\$10,001- \$100,000	Spouse						
CA 93301										
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## Schedule D Income - Gifts

## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Michael J. Rubio

## <BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	1401 21st Street, Suite 200					Meals / Reception at the Senate Caucus
CA Democratic Party	Sacramento, CA	95814		1/18-19/11	\$195.32	Policy Conference
	1689 Arden Way Sacramento,		Voter Outreach Taking Action			
Apple Store Arden Fair	Ca	95815	(VOTA)	03/17/11	\$274.30	iPad Gift (1/2 / its pro-rata share)
	1689 Arden Way Sacramento,					
Apple Store Arden Fair	Ca	95814	CA Latino Caucus Leadership PAC	03/17/11	\$274.30	iPad Gift (1/2 / its pro-rata share)
	1415 L Street, Suite 280					
PG&E	Sacramento, CA	95814		03/30/11	\$105.90	Dinner
	One Amgen Center Dr.					
AMGEN Tour of CA - Gala	Thousand Oaks, CA	91320		05/13/11	\$420.00	Two tickets
						Five gift items / 2011 Governor's Cup
Personal Insurance Federation	1201 K Street, Suite 1220	Į		7/22/11 -		
of California (PIFC)	Sacramento, CA	95814		7/23/11	\$411.00	
	1020 12th Street, Suite 408	·		7/22/11 -		
Coalition for a Safer CA	Sacramento, CA	95814		7/23/11	\$400.00	Spa gift card / 2011 Governor's Cup
MillerCoors	Roseville, CA	95661		7/30/2011	\$52.04	Dinner
	1201 K Street, Suite 730	05014		7/20/2044	440.04	Annual Meeting of the Council of State
Anheuser Busch	Sacramento, CA	95814		7/30/2011	\$42.84	Governments-WEST (CSG-WEST) Dinner
Diago	1101 38th Street Sacramento,	95816		7/31/2011	\$35.90	Annual Meeting of the Council of State Governments-WEST (CSG-WEST) Dinner
Diago	1215 K Street, Suite 2030	33010		7/31/2011	333.50	GOVERNMENTS WEST (CSG WEST) Dilmer
Kaiser Foundation Health Plan	,	95814		8/16/2011	\$46.71	Breakfast
Lumber Association of	Jacianiento, ex	33317	<del>                                     </del>	0,10,2011	1	
California & Nevada	177 Parkshore Drive Folsom, CA	95630		08/23/11	\$86.64	Breakfast
California Rice Industry	8801 Folsoom Blvd., Suite 172			1	<del>                                     </del>	
Association	Sacramento, CA	95842		9/26/2011	\$72.77	Dinner

## SCHEDULE E

## Income - Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMM	MISSION

Name

## <BLUE> is a required field

- You must mark either the gift or income box.
- You are not required to report income from government agencies.

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	DESCRIPTION
Applied Materials Clean Energy	3050 Bowers Ave. Santa Clara, CA				Lodging & Meals / Speaker at
Roundtable	95054	7/24/11 - 7/25/11	\$638	Gift	Conference
Applied Materials Clean Energy	3050 Bowers Ave. Santa Clara, CA				Spouse - Reception
Roundtable	95054	7/24/11 - 7/25/11	\$228	Gift	
California Foundation on the Environment and the Economy (CFEE)	Pier 35, Suite 202 San Francisco, CA 94133	10/10/11 - 10/11/11	\$540	Gift	Lodging & Meals / Participated Conference
California Independent Petroleum	1001 K Street, 6th Floor	10/10/11-10/11/11	13343	IGHT	Lodging & Meals / Speaker at
Association	Sacramento, CA 95814	11/30/2011	\$946	Gift	Conference
California Correctional Peace Officers Association (CCPOA)	755 Riverpoint Drive, West Sacramento, CA 95605	7/22/11 - 7/23/11	\$1,848	Gift	Lodging & Meals / Speaker at 2011 Governor's Cup
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# RECEIVED FAIR POLITICAL PRACTICES COMMISSION

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## SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT



Comments: \_

NAME OF SOURC	E		► NAME OF SOURCE	E				
Voter Outread	ch Taking Actio	on (VOTA)	CA Latino Caucus Leadership PAC					
ADDRESS (Busines	ss Address Accepta	ble)	ADDRESS (Business Address Acceptable)					
400 Capitol M	lall, 22nd Floo	r, Sacramento, CA 95814	400 Capitol Mall, 22nd Floor, Sacramento, CA 95814					
BUSINESS ACTIVI	TY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVIT	ΓΥ, IF ANY, OF SOU	RCE			
DÁTE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)			
03 , 17 , 11	\$274.30	iPad (paid for 1/2)	03 , 17 , 11	\$274.30	iPad (paid for 1/2)			
	\$:			\$				
	\$			\$				
NAME OF SOURCE	E .		▶ NAME OF SOURCE	E				
ADDRESS (Busines	ss Address Acceptal	ble)	ADDRESS (Busines	ss Address Acceptab	le)			
BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)			
	\$			\$				
	\$			\$	· .			
	\$			\$				
NAME OF SOURCE	E .		Filer's Verific	ation				
ADDRESS (Busines	ss Address Acceptal	ble)	Print Name Micha		*			
			Office, Agency or CourtCa	ilifornia State S	Senate			
BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE	Statement Type					
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	1 1	Annual	Candidate			
	\$		reviewed this statem	ent and to the best	preparing this statement. I hav t of my knowledge the informatio schedules is true and complete			
	\$		1 1	nalty of perjury ι	inder the laws of the State o			
	\$		Date Signed		il 10, 2012			
			Filer's Signature	c)(1)				
			Filer S Signature					